U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

IL Type of Notification (check one):	Operator Project #	The state of the s	Postmark		Date Received		Notification #				
Building Name: Grand Central Shuttle Station Address: 42nd Street Shuttle Line IRT City: Manhattan State: NY Zip Code: 10036 County: Manhattan Site Location: Building Size (square feet): 50000 # of Floors: 1 Age in Years: 50+ Present Use: Other Prior Use: Other III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training IV. Is Asbestos Present? (check one): Yes No V. Facility Information Owner Name: NYC Transit Address: 2 Broadway, 2nd Floor City: New York State: NY Zip Code: 10004 Contact: Mohammad Khan Telephone: (646) 252-3527 Fax: Removal Contractor Name: ATCO Contracting Group, Inc. Address: 34-52 11th Street City: L.I.C. State: NY Zip Code: 11106 Contact: Peter Viennas Telephone: (718) 606-1076 Fax: (718) 606-9558 Other Operator (demolition/general): MLJ Contracting Address: 1720 Whitestone Expressway suite 304 City: Whitestone State: NY Zip Code: 11357 Contact: Zachary Fenton Telephone: (347) 853-1952 Fax: VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category II non-friable ACM:				Revised	ised Canceled						
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g = 1.0. Colored and the color											
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2										
VII. Approximate Amount of Asbestos Materials:											
RACM to be Removed Non-friable Asbestos Material to be Removed Non-friable Asbestos Material NOT to be Removed	-		RACM to be	RACM to be Removed							
Category I Category II Category I Category II					Category I	Category II	Category I	Category II			
Insulation(linear feet) 584 56	Insulation(linear feet)		584	584							
Surface Area (square feet) 1 543	Surface Area (square feet)		1	1							
Facility Components (cubic feet)	Facility Components										
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:											
IX. Dates for Asbestos Removal (MM/DD/YY) Start: 08/30/21 Complete: 08/29/22											
Days of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Days of the Week:	Monday	Tuesday					Sunday			
Hours of Operation: 11pm-7:00am 11pm-7:00am 11pm-7:00am 11pm-7:00am						, , , , , , , , , , , , , , , , , , ,					

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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_	Description	on of planned Demolition or Renovation work to be	performed and	d method(s) to be emp	loyed, including demolition					
,	or renova	tion techniques to be used and description of affec	ted facility com	iponent s:	Dule 56 & EPA Dry					
This ask Remova	This asbestos abatement will be done in accordance with the applicable New York State Industrial Code Rule 56 & EPA Dry Removal Variance Dated 11/18/19. Methods will include double bagged for disposal purposes.									
XI.		n of work practices and engineering controls to be			ts, including asbestos					
	t cilioval a	nd waste nandling emission control procedures:								
Personal	Personal & Waste Decontamination Units, Negative Air Pressure Machines, HEPA Vacuums, PPE									

XII.		ansporter #1								
	Name:	ATC, Inc.								
	Address:	2 Moriches Middle Island Rd			7:- Code: 44067					
	City:	Shirley	State:		Zip Code: 11967					
	Contact:	Contact: Kenny Smith Telephone: (6			631)924-5050					
	Waste Tra	ansporter #2								
	Name:									
	Address:				Si C 1					
	City:		State:		Zip Code:					
	Contact:		Telephone:	()						
XIII.	Waste Dis	sposal								
	Name:	Minerva Enterprises LLC	2000 CO.							
	Address:	8955 Minerva Rd		<u></u>						
	City:	Waynesburg	State:	OH	Zip Code: 44688					
	Contact:		Telephone:							
XIV.	IV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)									
		ttach a copy of the Order to this notice.		Tial						
		ame of Authority Issuing Order:		Title:						
		Authority of Order (Citation of Code): Date Ordered to Begin								
		ate of Order (MM/DD/YY):								
XV.		ergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)								
		Date and Hour of the Emergency: Description of the Sudden, Unexpected Event:								
	2. D	Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.								
	er A									
XVI.	Description	on of procedures to be followed in the event that ur	nexpected RAC	CM is found or non-fr	iable ACM becomes					
1	crumbled, pulverized, or reduced to powder. CM which is discovered unexpectedly, or non-friable ACM which becomes crumbled, will be wet with amended									
ACM w	nich is die	ed up with HEPA vacs, to be put in 6mil poly	v baas.	nes ciumbieu, wiii	be wet with amended					
XVII.	I certify th	nat an individual trained in the provisions of NESH	IAP (40 CFR P	ART 61, SUBPART N	(1) will be on -site during the					
	· I	Demolition or Renovation, and evidence that the re	quired training	g has been accomplish	ed by this person will be					
	available during normal business hours.									
		/mm	08/20/21	_	/Project Manager					
		Signature of Owner/Operator	Date	Type or P	rint Name and Title					
XVIII.	XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts									
	contained in this notification are true, accurate, and complete.									
		M	08/20/21	lakovos Antor	niou/Project Manager					
		Signature of Owner/Operator	Date		rint Name and Title					
		The state of the s								